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(5) N [[] 0

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBE	ER FILED N		NUMBER EXTRA		ĺſ	RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			21	minus	20=	• /			X\$ 9=		OR	X\$18=	13	
IND	EPENDENT CI	3	minus	3 =	•			X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	20 €	
CLAIMS AS AMENDED - PART II								-	OTHER THAN					
_			umn 1) AIMS	.		Column 2) HIGHEST	Column 3)	SMALL		OR 1	SMALL			
AMENDMENT A		AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /	9	Minus	**6	2/	=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	2) 20 OF MI	Minus MULTIPLE DEPE		· B	=		X39=		OR	X78=		
	TINOT FRESE	INTATIC	ON OF IVIC	JUIPLE DEF	-EINL	JENT CLAIM			+130=		OR	+260=		
								L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)									DDIT. FEE		,	ADDIT. FEE		
AMENDMENT B	b	REM AF	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<u> · </u>		Minus	**	30	=		X\$ 9=		OR	X\$18=		
	Independent	NITATIO	NI OE MI	Minus	***	NDENT CLAIM			X39=		OR	X78=		
	, , , , , , , , , , , , , , , , , , , ,		-	DETIT CE DET	LIVE	DENT CEANVI			+130=		OR	+260=		
		-						Αſ	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
			<u>umn 1)</u>			olumn 2)	(Column 3)							
AMENDMENT C	· · · · · · · · · · · · · · · · · · ·	REM. AF	AIMS AINING TER IDMEN!T		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	•		Minus	***		=	t	X39=		OR	X78=		
	FIRST PRESE	NTATIC	N OF MU	ILTIPLE DEF	END	ENT CLAIM	<u>.</u>	\vdash						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
••••	f the "Highest Nur f the "Highest Nur The "Highest Num	mber Pre mber Pre	viously Pa	id For" IN THIS id For" IN THIS	S SPA	CE is less that CE is less that	n 20, enter "20." n 3, enter "3."	AL	ODIT. FEE			TOTAL ADDIT. FEE umn 1.		